

## GRANTEE MONITORING

Grantee Name	Way to Grow
Location/Address	125 West Broadway Avenue Suite #110
Date and Location of Site Visit	June 1, 2017 Way to Grow site 125 W. Broadway, Minneapolis
Grantee Participants	Megan McLaughlin, Carolyn Smallwood, Mark Henderson, Ronel Robinson
MDH Participant(s)	Mary Ottman
Grant Agreement #/PO #	00808000

### **PURPOSE:**

In accordance with the MDH Policy 238.01 Grantee Monitoring, MDH will conduct at least one monitoring visit per grant period on all state grants of over \$50,000, and at least annual monitoring visits on grants of over \$250,000.

The purpose of the grant monitoring visit is to review and ensure progress against the grants' goals, to address any problems or issues before the end of the grant period and to build rapport between the state agency and the grantees. This visit may cover topics such as statutory compliance; challenges faced by the grantee, modifications made to the grant program, program outcomes, grantee policies and procedures, grantee governance, and training and technical assistance needs.

The findings or information obtained through this monitoring activity will be used:

- To ascertain how MDH program funds are being utilized
- To provide targeted technical assistance needs
- To improve program implementation performance
- To suggest other training needs
- In future funding decisions

### **OVERVIEW**

**1. Is the Grantee's non-profit 501(c) 3 status current?**

Yes

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**2. Does the Grantee have a central file containing the official records for this grant agreement and/or amendment?**

Yes

**3. Where is this central file located?**

Business Manager's office

**4. Who is responsible for this central file?**

Carolyn Smallwood

**5. Does the central file include :**

- The grant proposal? Yes
- The award letter? Yes
- The signed grant agreement and any/all amendments? Yes
- Any/all requests and/or approvals for scope/budget changes? Yes
- The work plan? Yes
- Any/all payment requests (invoices)? Yes
- Any/all signed subcontracts? Not applicable (no subcontracts) Yes
- Any/all Progress Reports? Yes

## REPORTING REQUIREMENTS

**1. Does the organization meet all reporting requirements as outlined in the grant agreement and/or amendment?**

Yes

**2. Are expenditure reports submitted timely and accurately?** Yes

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3. Are progress reports submitted with all required information and in a timely manner? [Yes](#)

### CONTRACTUAL

1. Does the Grantee have written policies or procedures addressing use of contractors and/or subcontractors?

[Yes financial policy manual page 14](#)

2. Were any sub-contractors paid from the MDH grant required to sign a contractual agreement outlining services to be rendered, duration of engagement, and pay rate?

[Yes](#)

[MVNA – Dawnette Boyd \(provide contract agreement\)](#)

3. Was the contractual agreement(s) reviewed and approved by MDH before implementation?

[Yes](#)

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Additional Comments:

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### PROGRAMMATIC QUESTIONS

Please use this space to answer all questions.

#### ***Program History***

- **When was your program started? Why was it started? How has the program grown or changed since its beginning?**

- 

Way to Grow began in 1989 as a collaborative effort working with parents of young children, birth to age 5, to nurture and encourage a child's first teachers – their parents. Our founders had a vision to create communities in which improved literacy, effective parenting, and healthy children and families are the norm, not the exception. Since our founding, we have sought to reverse negative educational trends in Minneapolis by building trusted, community-based supports for parents and their children.

We have been working with multicultural populations including African Americans, Native Americans, Latinos, Hmong and Somali, since our inception, and have extensive expertise working with immigrant communities. In 2006, Way to Grow launched a bilingual early education language intervention system for Hmong, Somali, and Latino parents. As a result of our efforts, Way to Grow's Hmong and Somali children increased literacy proficiency up to 80%.

In 2006, we formalized our teen parent program to improve opportunities for parents (ages 15-21) and their children; in 2006, we opened our nationally accredited, 4-star Parent Aware rated preschool, Preschool Pals; and in 2010, we launched *Great by 8*, expanding our successful and statistically proven home visiting model to include children from kindergarten through 3rd grade, with the support of Minneapolis Public Schools (MPS). In 2014, we opened a parent-child program for preschool-age children and their families called P.A.L.S. (Parent Child Activities Lead to School Readiness) operated in partnership with and on the campus of Urban Ventures. P.A.L.S. received 4-Star Parent Aware accreditation in 2017. Our newest expansion is to Lucy C. Laney Community School, an MPS school located in North Minneapolis, which serves as a hub for our early childhood and parent engagement programming. The Way to Grow model has proven to be successful and scalable, and has grown to serve more than 2,200 low-income families annually. In 2016, we provided 11,400 home visits to 1,009 parents and 1,425 children.

- **What need does your program fulfill?**

In Minneapolis, low-income children and children of color face significant disparities in education and in health: a 2015 Wilder Foundation study found that only 1 in 5 American

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Indian students, 1 in 4 Hispanic students and 1 in 3 black students graduated on time, compared to 7 in 10 white students. The same report found that only one-third of low-income students graduate in four years. Educational disparities start early; students who can't read at grade level by third grade are four times less likely to graduate high school on time than a child who does read proficiently by third grade (American Educational Research Association, 2011).

Significant health disparities include the child mortality rate, which is twice as high for African American children as for white children, and obesity, which is most prevalent among Hispanic/Latino and African American children (Minnesota Department of Health, 2015). Because of the structural nature of these disparities, addressing them requires a holistic approach, providing struggling youth and families with comprehensive services that help stabilize health care and basic needs, and support educational development.

Way to grow overall goal is to ensure that children and families have the resources and support they need to achieve their educational potential.

Way to Grow works to achieve this goal by improving a range of education and health outcomes to address gaps in the healthy birth, early and elementary education system through our parent-centric support model:

- 86% attended Prenatal home visits
- 96% of pregnant mothers had a healthy birth
- 100% of Teens participants did not have a repeat pregnancy
  - 85% of children entering kindergarten will be deemed school ready
  - 90% of children will be screened before they enter kindergarten
  - 85% of parents read with their children three times per week
  - 85% of families will attend all Parent/Teacher Conferences
  - 85% of children will meet or exceed grade level literacy assessments
  - 85% of children will make improvements on grade level vocabulary assessments
  - 75% of children will attend school 95% of the time
  - 100% of families will receive referrals (as needed) to access food, clothing, housing and other services
  - 75% of children will have up-to-date immunizations at 30 months of age; 95% entering kindergarten will be up-to-date on their immunizations
  - 80% of elementary children will receive an annual physical

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### ***Grantee's Target population***

- **Who does the organization primarily serve?**

Our Great By 8 program focuses on and most benefits children from birth to age eight and families most in need, who have many of the risk factors associated with low school achievement, including low-income, lower parental education levels, and language barriers.

- **What is the program's demographic and geographic coverage?**

Way to Grow works to provide tailored, holistic educational support to families who are considered the most insulated in Minneapolis. In the communities where we work, immigrants make up 15-25% of the population, and 60% of the families we served in 2016 (466 out of 769 families served in 2016 were immigrants and/or refugees). Thirty-three percent of families served in 2016 were Hispanic, 21% of families were African, 21% were African-American, 12% were Asian, 3% were multiracial, 3% were white, and 3% were American Indian.

We effectively reach isolated, high-needs families through our program staff, called Family Educators, who speak seven different languages and who not only possess current expertise in early childhood development, education, and family support, but also possess crucial cultural competencies required to build trust and relationships with the communities we serve. We consciously pair families with Family Educators who culturally and linguistically reflect the communities we serve, which ensures that we are able to effectively meet the needs of diverse families.

- Review recent Demographic reporting. (See Demographic Slide)

### ***Leadership and Governance***

- **Effective Board:** How many board members currently serve, who are they? 23
- How often do they meet? The Board of Directors of Way to Grow meet six times a year, however, committees of the board meet 12 times a year. How are they informed of organization's progress and challenges? The Board of Directors is informed of the progress and challenges of Way to Grow through the CEO, board committees and presentations by managers.
- **How supportive is the Board of the program?** 100% of board members are donors of Way to Grow.

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How is the program staffed? Way to Grow has 37 employees; which includes four Managers who manage the Family Educators, Teachers and Administrative staff. Who is responsible for the supervision of grant staff? Carolyn Smallwood, CEO is responsible for the grant writing team.

- **How is staff evaluated on their performance?** Way to Grow's staff is evaluated yearly with monthly reviews of performance. The performance of staff is connected to metrics and goals of Way to Grow.
- **How long have PA staff been employed there?** Family Educators have been employed at Way to Grow from 3 months up to 15 years.
- **How are staff background checks done?** Electronically by Premiere Infosource  
What is your organization's policy on complaints for staff and clients? Employee handbook section 115

### **Budget**

- **Does the current budget reflect your work plan activities?** Yes
- **Is the budget accurate for the project size/scope?** Yes
- **Do you have any challenges with the budget or invoicing?** No
- **Has your Financial Reconciliation taken place?** No
- If you have an elevated risk designation, and/ or your Financial Reconciliation report cited any concerns, these will be discussed.

### **Review Work Plan including:**

#### **Partners**

- **If applicable: how are people referred to the program? Are there any barriers encountered with referral sources? What is your most common referral source?**
- **Challenges with partners or specific counties?** The majority of Way to Grow participants is referred through word of mouth, including among families. In addition, Way to Grow works with partner agencies to recruit participants, including the MPS Early Intervention, and Early Childhood Special Education departments. We also conduct regular outreach at Women Infants and Children (WIC) locations and three prenatal support programs. Way to Grow staff actively maintain contacts with our partners and with community agencies, schools, and early learning programs to provide them with updated information about our programs, receive participant referrals, and provide partners with updated marketing materials. Way to Grow also participates in a variety of community health fairs, school events, and resource fairs, where we provide information about our programs and recruit participants. **Specific to the MDH Positive Alternative program:** We conduct outreach



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and recruitment at a number of locations including: Division of Indian Work, Tapestry Resource Center, weekly outreach at WIC, North Point Health and Wellness Clinic, North Point Human Services, Broadway Family Medicine Clinic, and MN Internship Alternative School. One challenge we have is with families who are homeless or in transitional housing. They are often hard to connect with and tend to stay in the program temporarily. The most common referral source is word of mouth. Meaning families in our program tell other families about us. We really have not had challenges with our partners in regards to outreach and recruitment. Our partners believe in our mission and our quality of work and want families who need our services to get them.

### Work Plan

- Review your 2016 – 19 grant application's description of the program you are asking to be funded. On your work plan note the services and activities you said you would provide and the number of clients you would serve.

- **Prepare a short summary of your current program(s) and the number of clients being served. (See attached document in email)**

**How does what you describe in the application compare with what you are currently providing?** Based on what was described in the application compared with what services we are providing have not changed. We continue to reach a majority of the goals set forth in the work plan.

**Have any programs and/or activities or services been added or removed?**

No.

**Have the number of clients being served per quarter decreased or increased since June 2016?** In the first quarter, we were able to count all of our pregnant and postpartum (up to 12 months) which was 57 pregnant women and 133 postpartum participants. In the 2<sup>nd</sup> and 3<sup>rd</sup> quarter we saw a significant drop in pregnant mothers in the program. This has been noted in the quarterly reports.

**Is there anything in particular you want to share about your current program to explain its current status? Do you anticipate making any changes to the 2017-18 Work Plan? If so, in what way and for what reasons?**

Based on quarterly reports thus far we have not been able to reach our MVNA referrals. We would like to change our goal from 30 referrals to 15 referrals for the 2017-2018 work plan. Below are the circumstances that support our reasoning for lowering this goal.

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**Case Management Services: (Service description) Minnesota Visiting Nurse Agency (MVNA) Visits To Pregnant Women Contract with Minnesota Visiting Nurse agency to provide home visits to pregnant Mothers including public health nursing services, prenatal health assessments, maternal resources, and in home nurse visits. Goal:30**

The original goal number was based on the number of pregnant mothers in our program at this time last year. We continue to see a reduction of pregnant women in the community and as such our numbers served are lower. Since last quarter, several women have given birth and have transitioned from prenatal to infant and new parent programming. Is this true, has the pregnancy rate decreased! Let's talk.

- Some participants who have had previous pregnancies and previous MVNA assessments feel they do not need MVNA services for their most recent pregnancy. Instead, mothers may feel they already have the knowledge and experience of being pregnant and having a newborn, so thus refuse the service.
- Referrals to MVNA increase and decrease over the course of the year, however we hope to reach more pregnant mothers in Q4. We continue to use strategies to recruit more pregnant women, including weekly recruitment at WIC and Tapestry. Family Educators also continue to discuss MVNA services with pregnant participants, and share the PHN assessment process and the benefits of the visit. Additionally, our agency partners may refer families to MVNA and Way to Grow simultaneously, but upon joining our program, we complete a secondary referral to MVNA's services to ensure families are connected.

**Participants:**

- **What type of outreach does the organization put into action? What is working well? What are more the challenging aspects to finding or retaining clients?**

The majority of Way to Grow participants are referred through word of mouth, including among families. In addition, Way to Grow works with partner agencies to recruit participants, including the MPS Early Intervention, and Early Childhood Special Education departments. We also conduct regular outreach at Women Infants and Children (WIC) locations and three prenatal support programs. Way to Grow staff actively maintain contacts with our partners and with community agencies, schools, and early learning programs to provide them with updated

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information about our programs, receive participant referrals, and provide partners with updated marketing materials. Way to Grow also participates in a variety of community health fairs, school events, and resource fairs, where we provide information about our programs and recruit participants.

### Data:

- **How is program data collected and by whom? Is data collected useful to agency?**
- **Anything we can do to help or simplify data collection?**

There are a number of forms that Family Educators fill out when doing home visits. When new information is put on a form, Family Educators give the forms to our Data team. The data team inputs the information into the database on a continual basis. When reports are due to funders, the data team is able to pull out compiled data to demonstrate our results and progress. The data collected is a necessity to completing reports and sustaining future funding.

In regards to the question if there is anything MDH can do to help or simplify data collection, I think we have figured out one of the challenges noted in Q3 Report.

#### Tracking Group & Class Engagement

Every quarter, Way to Grow hosts various events, groups, and classes. One challenge we have faced is fully recording and tracking all our attendees, including whether or not families in attendance are MDH participants. In light of this, we have already implemented a new tracking procedure to ensure we capture all relevant data for internal and external reporting. With our newly reformatted tracking form and procedures, staff can more easily track family attendance and our Data Team can more accurately record and report attendance and contact numbers for our programming.

### **Review Evaluation**

- Your 2016-17 Evaluation Plan will be reviewed. If you are planning a new evaluation, details will be discussed. Do you have any questions on your evaluation? [No](#)

### **Miscellaneous**

- Anything else you would like to share? [Discuss at site visit](#)
- Anything else we haven't asked? [Discuss at site visit](#)

### **What can we do to help?**

- **Trainings and Grantee meetings useful for grantee? Any topic suggestions?**  
[Fetal Alcohol Syndrome and its effect on the baby](#)
- **Feedback or suggestions for the state?** [Discuss at site visit](#)

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- **Is there any way MDH can assist you to better equip your success in the Positive Alternatives Grant Program?** [Not at this time](#)

**Summary:**

Way to Grow is a new Positive Alternatives (PA) grantee for the 2016-19 grant cycle. They have a large organizational capacity and staff of over 30. They received PA funding for the following programming activities: outreach, case management, childcare assistance, crib distribution and safe sleep education, education assistance, hotline to family support services, interpreter services, life skills education, material support, mental health services, nutrition education, parenting education and pregnancy testing.

Way to Grow originated in 1989 as a collaborative effort to work with parents of young children to encourage and nurture parents as the first teachers of their children. They began their teen parent program in 2006 and began providing their home visiting model for these clients. They also subcontract with Minnesota Visiting Nurse Agency (MNVA) to provide home visits to pregnant mothers including these services: public health nursing services, prenatal health assessments, maternal resources and in home nurse visits. In addition this organization offers a variety of programming in assisting parents to be the first teachers of their children including Dreams Tracks, Cooking Matters and New Parent Group. Way to Grow continues to serve a wide range of diverse low income neighborhoods in Minneapolis. They reach their clients through well-organized networking including: word of mouth, WIC, Tapestry, Indian Health and MPS Early Intervention. Invoicing and program reporting has been reported timely. Staff has been quick to ask questions to understand all reporting requirements and has been responsible in their reporting.

A challenge this grantee is experiencing is with their MNVA referral program. Their numbers have been less than what they had originally expected despite their efforts to promote numerous outreach strategies. Way to Grow is also working to more accurately track their events, groups and classes for data collected by MDH. They have currently reformatted their tracking forms and procedures and feel confident that they will be able to report their clients and program participation more accurately in future PA quarterly reporting.

We also discussed fluctuating numbers in program participation and Minnesota demographics. Evaluation program expectations were also looked at. Future program evaluation was discussed with due dates and project ideas.

It has been a pleasure to work alongside Way to Grow as a new PA grantee. They have been responsive, diligent and enthusiastic grantees.

**Date: June 5, 2017**

**Grant Manager: Mary Ottman**

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